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APPLICANTS

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** CONTINUING DATA *****
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** FOREIGN APPLICATIONS *****
 GERMANY 199 03 090.1 01/27/1999
 GERMANY 299 10 318.8 06/14/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature _____ Initials _____

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TITLE
 Auditory treatment device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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